Case 08-62295-tmr13 Doc 5 Filed 06/29/08

| B22C (Official Form 22C) (Chapter 13) (01/08) | According to the calculations required by this statement: |
|---|---|
| ,,,,, | ☐ The applicable commitment period is 3 years. |
| In re Martin Gil Navarro, Guadalupe Gil Navarro | The applicable commitment period is 5 years. |
| Debtor(s) | ☐ Disposable income is determined under § 1325(b)(3) |
| Case Number: | ☑ Disposable income is not determined under § 1325(b)(3) |
| (If known) | (Check the boxes as directed in Lines 17 and 23 of this statement.) |

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual Chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

| | Part I. REPOR | T OF INCOME | | |
|---|---|---|--------------------------------|--------------------------------|
| | Marital/filing status. Check the box that applies and com a. Unmarried. Complete only Column A ("Debtor" | | statement as di | rected. |
| 1 | b. 🗹 Married. Complete both Column A ("Debtor's I | ncome") and Column B (Spouse's | Income) for L | ines 2-10. |
| | All figures must reflect average monthly income received f six calendar months prior to filing the bankruptcy case, en- before the filing. If the amount of monthly income varied d divide the six-month total by six, and enter the result on the | ding on the last day of the month uring the six months, you must | Column A Debtor's Income | Column B Spouse's Income |
| 2 | Gross wages, salary, tips, bonuses, overtime, commis | ssions. | \$1,744.00 | \$1,583.00 |
| 3 | Income from the operation of a business, profession of Line a and enter the difference in the appropriate column(s than one business, profession or farm, enter aggregate nu attachment. Do not enter a number less than zero. Do not expenses entered on Line b as a deduction in Part IV. | s) of Line 3. If you operate more mbers and provide details on an | | |
| | a. Gross Receipts | \$ 1,425.00 | | |
| | b. Ordinary and necessary business expenses | \$ 0.00 | # 405.00 | 00.00 |
| | c. Business income | Subtract Line b from Line a | \$1,425.00 | \$0.00 |
| | Rent and other real property income. Subtract Line b from the appropriate column(s) of Line 4. Do not enter a nui include any part of the operating expenses entered on | mber less than zero. Do not | | |
| 4 | a. Gross Receipts | \$ 0.00 | | |
| | b. Ordinary and necessary operating expenses | \$ 0.00 | \$0.00 | \$0.00 |
| | c. Rent and other real property income | Subtract Line b from Line a | Ψ 0.00 | φο.σο |
| 5 | Interest, dividends, and royalties. | | \$0.00 | \$0.00 |
| 6 | Pension and retirement income. | | \$0.00 | \$0.00 |
| 7 | Any amounts paid by another person or entity, on a re expenses of the debtor or the debtor's dependents, in that purpose. Do not include alimony or separate maintened by the debtor's spouse. | cluding child support paid for | \$0.00 | \$0.00 |
| 8 | Unemployment compensation. Enter the amount in the However, if you contend that unemployment compensation was a benefit under the Social Security Act, do not list the Column A or B, but instead state the amount in the space | n received by you or your spouse amount of such compensation in | | |
| | Unemployment compensation claimed to be a benefit under the Social Security Act Debtor | Spouse \$ | \$ | \$ |

| 9 | Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. Do not include alimony or separate maintenance payments paid by your spouse, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism. | | |
|----|--|---------------------------------|--------------|
| | \$0.0 | 0 | \$0.00 |
| 10 | Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 thru 9 in Column B. Enter the total(s). \$3,1 | 69.00 | \$1,583.00 |
| 11 | Total. If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A. | 4,752.00 | |
| | Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PERIOD | | |
| 12 | Enter the amount from Line 11. | | \$ 4,752.00 |
| 13 | Marital adjustment. If you are married, but are not filing jointly with your spouse, AND if you content calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of spouse, enter on Line 13 the amount of the income listed in Line 10, Column B that was NOT paid or regular basis for the household expenses of you or your dependents and specify, in the lines below, to basis for excluding this income (such as payment of the spouse's tax liability or the spouse's support persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering the adjustment do not apply, enter zero. | your n a the t of h | \$0.00 |
| | a. \$ Total and enter on Line 13. | _ | |
| 14 | | | |
| 15 | , , , , , , , , , , , , , , , , , , , | | |
| 16 | Applicable median family income. Enter the median family income for applicable state and household s information is available by family size at www.usdoj.gov/ust or from the clerk of the bankruptcy court.) a. Enter debtor's state of residence: OR b. Enter debtor's household size: 6 | ize. (This | \$ 80,478.00 |
| 17 | Application of § 1325(b)(4). Check the applicable box and proceed as directed. ✓ The amount on Line 15 is less than the amount on Line 16. Check the box for "The application is 3 years" at the top of page 1 of this statement and continue with this statement. ☐ The amount on Line 15 is not less than the amount on Line 16. Check the box for "The application is 5 years" at the top of page 1 of this statement and continue with this statement. | | • |
| | Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSABLE IN | COME | |
| 18 | Enter the amount from Line 11. | | \$ 4,752.00 |

| 19 | Marital adjustment. If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero. | | | | | |
|-----|---|-------------------------|-------------------------------|-------------------------|------|-------------|
| | a. | | \$ | | \$ | 0.00 |
| | Total and enter on Line 19. | | | | | |
| 20 | Current monthly income for § 1325(b) |)(3). Subtract Line | 19 from Line 18 and enter the | result. | \$ | 4,752.00 |
| 21 | Annualized current monthly income 12 and enter the result. | for § 1325(b)(3). | Multiply the amount from Line | 20 by the number | \$ | 57,024.00 |
| 22 | Applicable median family income. En | iter the amount froi | m Line 16 | | \$ | 80,478.00 |
| | Application of § 1325(b)(3). Check the a | applicable box and prod | ceed as directed. | | | |
| 23 | ☐ The amount on Line 21 is more to 1325(b)(3)" at the top of page 1 of this sta | | | sposable income is dete | ermi | ned under § |
| | ☑ The amount on Line 21 is not mo under § 1325(b)(3)" at the top of page 1 of | | | | | |
| | Part IV. CALC | ULATION OF D | EDUCTIONS FROM INCO | ME | | |
| | Subpart A: Deductions under Standards of the Internal Revenue Service (IRS) | | | | | |
| 24A | National Standards: food, apparel and services, housekeeping supplies, personal care, and miscellaneous. Enter in Line 24A the "Total" amount from IRS National Standards for Allowable Living Expenses for the applicable household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) | | | | | |
| 24B | National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 16b.) Multiply Line a1 by Line b1 to obtain a total amount for household members under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B. | | | | | |
| | Household members under 65 years of age Household members 65 years of age or older | | | | | |
| | a1. Allowance per member | a2. | Allowance per member | | | |
| | b1. Number of members | b2. | Number of members | | | |
| | c1. Subtotal | c2. | Subtotal | | \$ | |
| 25A | Local Standards: housing and utilitie and Utilities Standards; non-mortgage e information is available at www.usdoj.go | expenses for the ap | plicable county and household | | \$ | |

| 25B | Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and household size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero. [a.] IRS Housing and Utilities Standards; mortgage/rent expense [§ | | |
|-----|---|----|--|
| | b. Average Monthly Payment for any debts secured by home, if any, as stated in Line 47. C. Net mortgage/rental expense Subtract Line b from Line a | \$ | |
| 26 | Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 25A and 25B does not accurately compute the allowance to which you are entitled under the IRS Housing and | | |
| 27A | Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 7. If you checked 0, enter on Line 27A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 27A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) | | |
| 27B | Local Standards: transportation: additional public transportation expense. If you pay the operating | | |
| 28 | Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) 1 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation | | |

| | Local Standards: transportation ownership/lease expense; | Vehicle 2. Complete this Lin | e only if you checked | |
|-----------------|---|------------------------------|-----------------------|----------|
| | the "2 or more" Box in Line 28. | matha IDC I ann Ctam doud | . Transportation | |
| 29 | Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the | | | |
| 23 | Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from | | | |
| | Line a and enter the result in Line 29. Do not enter an amount | less than zero. | | |
| | a. IRS Transportation Standards, Ownership Costs | \$ | | |
| | b. Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47 | \$ | | |
| | | Subtract Line b from Line a | | \$ |
| | Other Necessary Expenses: taxes. Enter the total average me | onthly expense that you ac | tually incur for all | |
| 30 | federal, state and local taxes, other than real estate and sales ta | | | \$ |
| | taxes. social security taxes. and Medicare taxes. Do not include | | | Ť |
| | Other Necessary Expenses: involuntary deductions for em payroll deductions that are required for your employment, such a | | | |
| 31 | uniform costs. Do not include discretionary amounts, such as | | | \$ |
| | Other Necessary Expenses: life insurance. Enter total averag | e monthly premiums that y | ou actually | |
| 32 | pay for term life insurance for yourself. Do not include premiur | ms for insurance on your | dependents, for | Φ. |
| | whole life or for any other form of insurance. | | | Þ |
| | Other Necessary Expenses: court-ordered payments. Enter t | | | |
| 33 | required to pay pursuant to the order of a court or administrative payments. Do not include payments on past due obligations | | or child support | \$ |
| | payments. Do not include payments on past due obligations | mciadea in Line 43. | | Ψ |
| | Other Necessary Expenses: education for employment or | for a physically or men | tally challenged | |
| 34 | child. Enter the total average monthly amount that you actually | expend for education that is | s a condition of | |
| J 1 | employment and for education that is required for a physically or | | ndent child for | \$ |
| | whom no public education providing similar services is available. Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on | | | |
| 35 | shilds are such as help sitting day one purpose and proschool De not include other advectional | | | c |
| 00 | payments. \$ | | | Þ |
| | Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend | | | |
| 36 | on health care that is required for the health and welfare of yours | | | |
| | reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do not include payments for health insurance or health savings accounts listed in Line 39. | | | \$ |
| | Other Necessary Expenses: telecommunication services. Er | | | |
| 37 | you actually pay for telecommunication services other than your | | | |
| | service— such as pagers, call waiting, caller id, special long dist necessary for your health and welfare or that of your dependents | | unt proviously | |
| | deducted. | | and promodely | \$ |
| 38 | Total Expenses Allowed under IRS Standards. Enter the total of | f Lines 24 through 37. | | \$ |
| | Subpart B: Additional Living E | Expense Deductions | | |
| | Note: Do not include any expenses that y | you have listed in Lines 2 | 4-37 | |
| | Health Insurance, Disability Insurance, and Health Savings A | | | |
| | expenses in the categories set out in lines a-c below that are real | sonably necessary for your | self, your | |
| | spouse, or your dependents. a. Health Insurance \$ | | I | |
| 39 | a. Health Insurance \$ b. Disability Insurance \$ | | | |
| | c. Health Savings Account \$ | | | |
| | <u> </u> | | I | |
| | Total and enter on Line 39 | | | \$ |
| | If you do not actually expend this total amount, state your ac | ctual total average monthly | expenditures in | |
| | the space below: | | | |
| | \$ | | | |
| | | | | |

| 40 | unable to pay for such expenses. Do not include payments listed in Line 34. | | |
|----|--|----|--|
| 41 | Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court. | | |
| 42 | Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary. | | |
| 43 | Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$137.50 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards. | \$ | |
| 44 | Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary. | \$ | |
| 45 | Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). Do not include any amount in excess of 15% of your gross monthly income. | | |
| | Total Additional Expense Deductions under § 707(b). Enter the total of Lines 39 through 45. | | |
| 46 | Total Additional Expense Deductions under § 707(b). Enter the total of Lines 39 through 45. | \$ | |
| 46 | Total Additional Expense Deductions under § 707(b). Enter the total of Lines 39 through 45. Subpart C: Deductions for Debt Payment | \$ | |
| 46 | | \$ | |
| | Subpart C: Deductions for Debt Payment Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 47. Name of Creditor Property Securing the Debt Average Does payment include taxes or insurance? Average Does payment include taxes or insurance? | | |
| | Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 47. Name of Property Securing the Debt Average Does payment include taxes or insurance? | \$ | |

| | | | er 13 administrative expenses. Multiply the amount in line a by thing administrative expense. | e amount in line b, and enter th | е | |
|----|---|--|--|---|--------------------------|--------|
| | | a. | Projected average monthly Chapter 13 plan payment. | | \neg \mid | |
| 50 | | b. | Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) | x | | |
| | | C. | Average monthly administrative expense of Chapter 13 case | Total: Multiply Lines a and b | | \$ |
| 51 | | Total | Deductions for Debt Payment. Enter the total of Lines 47 through 50. | | | \$ |
| | | | Subpart D: Total Deductions from | Income | | |
| 52 | | Total | of all deductions from income. Enter the total of Lines 38, 46, an | d 51. | | \$ |
| | | | Part V. DETERMINATION OF DISPOSABLE INCO | ME UNDER § 1325(b)(2) | | |
| 53 | - | | current monthly income. Enter the amount from Line 20. | | | \$ |
| 54 | ŀ | disabi | ort income. Enter the monthly average of any child support pa lity payments for a dependent child, reported in Part I, that you receinkruptcy law, to the extent reasonably necessary to be expended for | eived in accordance with applica | ahla | \$ |
| 55 | 1 | from \ | fied retirement deductions. Enter the monthly total of (a) all are wages as contributions for qualified retirement plans, as specified ments of loans from retirement plans, as specified in § 362(b)(19). | | | \$ |
| 56 | ŀ | Total | of all deductions allowed under § 707(b)(2). Enter the amount from | om Line 52. | | \$ |
| 57 | 1 | for wh in line total ii must | ction for special circumstances. If there are special circumstance ich there is no reasonable alternative, describe the special circumstances a-c below. If necessary, list additional entries on a separate page in Line 57. You must provide your case trustee with documental provide a detailed explanation of the special circumstances and reasonable. | stances and the resulting expende. Total the expenses and enter ation of these expenses and | ses the you | |
| | | | Nature of special circumstances | Amount of expense | | |
| | | a. | | \$ | | |
| | | | | Total: Add Lines a, b, and c | , | \$ |
| 58 | | enter 1 | adjustments to determine disposable income. Add the amount the result. | | and | \$ |
| 59 | ļ | Month | nly Disposable Income Under § 1325(b)(2). Subtract Line 58 from | Line 53 and enter the result. | | \$ |
| | | | Part VI. ADDITIONAL EXPENSE | CLAIMS | | |
| 60 | | health month | Expenses. List and describe any monthly expenses, not otherwise and welfare of you and your family and that you contend should be ally income under § 707(b)(2)(A)(ii)(I). If necessary, list additional so your average monthly expense for each item. Total the expenses. | an additional deduction from year | our cu | ırrent |
| | | | Expense Description | Monthly Amount | | |
| | | | Total: Add Lines a, b, and c | \$ | | |

B22C (Official Form 22C) (Chapter 13) (01/08)

| | Part VII: VERIFICATION | | | |
|----|---|--|--|--|
| | I declare under penalty of perjury that the inf | offormation provided in this statement is true and correct. (If this a joint case, | | |
| 61 | Date: | Signature: /s/ Martin Gil Navarro | | |
| | | Martin Gil Navarro, (Debtor) | | |
| | Date: | Signature: /s/ Guadalupe Gil Navarro | | |
| | | Guadalupe Gil Navarro, (Joint Debtor, if any) | | |

8